

WITNESS QUESTIONNAIRE

Name and telephone number of the individual for whom you are completing the questionnaire:

Name: _____

Telephone: _____

INSTRUCTIONS

As you answer each question below, please keep in mind that it is the responsibility of the Court to safeguard the welfare and future development of the children in this family. You can help the Court in meeting this responsibility by being objective and confining your statements to observations which you have personally made. Answer each question as completely as possible using additional paper if needed. The investigator may contact you personally to discuss your statement with you. **This questionnaire is to be completed immediately and returned to:**

Kings County Superior Court
449 "C" Street
Lemoore, CA 93245

Your Name:

Address:

Home Telephone:

Work Telephone: ext.

Relationship to the person named above: (relative, friend, coworker, etc.)

How long have you known this person?

How often do you have contact with them? Date you last had contact with them.

How long have you known the child(ren) in this case?

How often do you have contact with them? Date you last had contact with them.

Do you know the natural parent? If so, how long have you known them?

PHYSICAL ENVIRONMENT

If you have been in the home of the individual for whom you are a witness, describe the home including housekeeping standards, who prepares meals, etc.

CARE OF THE CHILDREN

Describe how the individual for whom you are a witness treats, or cares for, the children (cleanliness, clothing, discipline, supervision)

What is the nature of the relationship between the individual and the children from your observation?
Have you ever witnessed physical or emotional abuse of the children by either parent (If so, please explain and give approximate dates).
CHILDREN
State your personal observations of each child, including any physical or emotional problems known to you:
Have the children expressed their feelings about this matter to you?
PARENTS
To your knowledge, does the individual for whom you are a witness have problems in any of the following areas:
Abuse of alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>
Abuse of drugs (any): Yes <input type="checkbox"/> No <input type="checkbox"/>
Criminal involvement: Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "Yes" to any of the above, please explain.
ADDITIONAL COMMENTS

Witness Signature

Date